

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17	1					
18		1				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31	1					
32		1				
33		2				
34	1					
35		1				
36			1			
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4					
TOTAL DEP.	44					
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53			1			
54				1		
55				1		
56				1		
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						